



Monterey Board of Health

435 Main Rd. P.O. Box 308
Monterey, MA. 01245
P: 413-528-1443 F: 413-528-9452

CERTIFICATE OF CONSTRUCTION

THIS IS TO CERTIFY THAT _____
(Well Driller)

Has sited and installed a well for _____, Under
(Property Owner)

Well Construction Permit Number _____ at the following site location
_____, as shown on the plans drawn
by _____ dated _____.

Construction and quantity standards have been met as set forth in 313 CMR 3.00 MA Division of Water Resources, the Monterey Board of Health's Private Well Regulations, and the Department of Environmental Protection's Minimum Requirements for Construction of Private Wells.

Well Driller Signature _____ Dated _____

Well Driller's License No. _____ State _____

PLEASE COMPLETE THIS FORM IN IT'S ENTIRETY. THANK YOU.

Revised 7.21.05